

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 241Registered No. 102

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Mesa No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louise Clark { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 10 5. No., in order of birth 10 6. Legitimate? Yes 7. Date of birth May 29 1925 Month Day Year8. FATHER Full name Thomas Clark 14. MOTHER Full maiden name Lizette Early9. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami If non-resident, give place and state.10. Color or race Apache Indian 11. Age at last birthday 40 (Years) 16. Color or race Apache Indian 17. Age at last birthday Known (Years)12. Birthplace (city or place) San Carlos (State or country) Arizona 18. Birthplace (city or place) Sifague (State or country) Arizona13. Occupation Laborer 19. Occupation Housewife Nature of industry Mining Nature of industry Housewife20. Number of children of this mother 10 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:15 on the date above stated (Born alive or stillborn)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Carol M. Brown M.D. (Physician or midwife).

Given name added from a supplemental report _____ Address _____

Month, day, year

Filed June 11, 1925 C.E. Dorn Registrar

Registrar

332-529-358

RECORD

WRITE IN INK WITH UNFADING INK—THIS IS A P

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

SERVED FOR BINGHAM